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# Wisconsin Medicaid Companion Document to HIPAA Implementation Guide: X12 835 Health Care Claim Payment/Advice

## **Companion Document Audience**

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## **Purpose of Companion Documents**

The information contained in this companion document applies to Wisconsin Medicaid, BadgerCare, and SeniorCare, although the companion document only refers to Wisconsin Medicaid.

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide Wisconsin Medicaid-specific information that details the way to create HIPAA transactions for Wisconsin Medicaid and explains how Wisconsin Medicaid creates HIPAA transactions. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the Wisconsin Medicaid-specific information required to successfully exchange transactions electronically with Wisconsin Medicaid.

Companion documents highlight the data elements significant for Wisconsin Medicaid. For transactions created by Wisconsin Medicaid, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how Wisconsin Medicaid processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at (608) 221-9036.

## VERSION 2 REVISION LOG

Companion Document: 835

Approved: 05/24/03

Modified by: PCS and PHK

<b>Loop/Segment Revised</b>	<b>Page(s) Revised</b>	<b>Text Revised</b>
NEW: None/ ISA06/ Interchange sender ID	4	This element is populated with "WISC_DHFS."
NEW: None/ ISA08/ Interchange receiver ID	4	This element is the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
NEW: None/ GS02/ Application sender's code	4	This element is populated with "WISC_TXIX" for Wisconsin Medicaid.
NEW: None/ GS03/ Application receiver's code	4	This element is the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
NEW: None/ ST02/ Transaction set control number	4	This element contains a unique transaction set control number assigned by Wisconsin Medicaid.
None/ TRN02/ Check number	4	This is the check number. If there is no check number, Wisconsin Medicaid populates this element with 'NO CHECK,' followed by the remittance and status number.
1000A/ N403/ Payer postal zone or ZIP code	5	This is the ZIP code of the payer, 53784.
1000B/ REF/ Payee additional identification	5	This segment is populated if the billing provider's Medicaid identification number or the payee's identification was submitted on the claim.
1000B/ REF01/ Reference identification qualifier	5	This element is 1D, indicating that the next element is the billing provider's Medicaid identification number.

1000B/ REF02/ Reference identification	5	This element is the Medicaid identification number.
2100/ CLP02/ Claim status code	5	This element is one of the following: <ul style="list-style-type: none"> <li>• 1 – Processed as primary.</li> <li>• 2 – Processed as secondary.</li> <li>• 4 – Denied.</li> <li>• 22 – Reversal claim.</li> </ul>
2100/ CLP05/ Patient responsibility amount	5	This is the sum of copay, spenddown, SeniorCare deductible, patient liability, and nursing home personal needs allowance.
2100/ REF01/ Reference identification qualifier	6	This element is populated with any of the following: <ul style="list-style-type: none"> <li>• EA - Indicating that the next element is the medical record number (MRN). For professional claims that came in on the proprietary electronic format, EA indicates patient control number (PCN).</li> <li>• G1 – Indicating that the next element is the prior authorization number.</li> <li>• F8 - Indicating that the next element is the adjustment ICN.</li> </ul>
2100/ REF/ Rendering provider identification	7	This segment is populated if a Medicaid identification number was submitted on the claim.
2100/ REF01/ Reference identification qualifier	7	This element is 1D, indicating that the next element is the performing provider's Medicaid identification number.
None/ SE02/ Transaction set control number	8	This element contains a unique transaction set control number assigned by Wisconsin Medicaid. This value is the same value indicated in ST02.

## X12 835 Health Care Claim Payment/Advice

Loop	Element	Name	Instructions
None	ISA06	Interchange sender ID	This element is populated with "WISC_DHFS."
None	ISA08	Interchange receiver ID	This element is the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
None	GS02	Application sender's code	This element is populated with "WISC_TXIX" for Wisconsin Medicaid.
None	GS03	Application receiver's code	This element is the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
None	ST02	Transaction set control number	This element contains a unique transaction set control number assigned by Wisconsin Medicaid.
None	BPR01	Transaction handle code	This element is populated with "I," indicating that the 835 is sent separately from the check.
None	BPR02	Total actual provider payment amount	This is the total amount of the check.
None	BPR04	Payment method	This element is populated with "CHK," indicating that a check is being sent.
None	BPR16	Check issue date	This is the date of process.
None	TRN02	Check number	This is the check number. If there is no check number, Wisconsin Medicaid populates this element with 'NO CHECK,' followed by the remittance and status number.
None	TRN03	Payer identification	This is the number "1" followed by the Wisconsin Medicaid tax identification number.
None	REF02	Reference identification	This is the vendor number.
1000A	N102	Payer name	This is the name of the payer, Wisconsin TXIX Medicaid.
1000A	N104	Payer identification	This field is spaces until a National Payer Identification (NPI) number is assigned.

Loop	Element	Name	Instructions
1000A	N301	Payer address line	This is the address of the payer, 6406 Bridge Road.
1000A	N401	Payer city name	This is the city of the payer, Madison.
1000A	N402	Payer state code	This is the state of the payer, Wisconsin.
1000A	N403	Payer postal zone or ZIP code	This is the ZIP code of the payer, 53784.
1000B	N102	Payee name	This is the billing provider's name.
1000B	N104	Payee identification code	This is the billing provider's tax identification number.
1000B	N301	Payee address line	This is the address of the billing provider.
1000B	N401	Payee city name	This is the city of the billing provider.
1000B	N402	Payee state code	This is the state of the billing provider.
1000B	N403	Payee postal zone or ZIP code	This is the ZIP code of the billing provider.
1000B	REF	Payee additional identification	This segment is populated if the billing provider's Medicaid identification number or the payee's identification number was submitted on the claim.
1000B	REF01	Reference identification qualifier	This element is 1D, indicating that the next element is the billing provider's Medicaid identification number.
1000B	REF02	Reference identification	This element is the Medicaid identification number.
2100	CLP02	Claim status code	This element is one of the following: <ul style="list-style-type: none"> <li>• 1 – Processed as primary.</li> <li>• 2 – Processed as secondary.</li> <li>• 4 – Denied.</li> <li>• 22 – Reversal claim.</li> </ul>
2100	CLP05	Patient responsibility amount	This is the sum of copay, spenddown, SeniorCare deductible, patient liability, and nursing home personal needs allowance.
2100	CLP06	Claim filing indicator	This element always contains "MC," indicating that this claim was processed by Medicaid.

Loop	Element	Name	Instructions
2100	CLP07	Payer claim control number	This is the Internal Control Number (ICN) as assigned by Wisconsin Medicaid for this claim.
2100	NM1	Patient name	This is the recipient's information as submitted on the claim.
2100	NM108	Identification code qualifier	This element is populated with "MR" indicating that the next is the Medicaid recipient identification.
2100	NM109	Identification code	This is the recipient's Medicaid recipient identification as submitted on the claim.
2100	NM1	Service provider name	This segment is populated if performing provider information was submitted on the claim.
2100	NM108	Identification code qualifier	This element is "FI," indicating that the next element is the performing provider's federal taxpayer's identification number.
2100	NM109	Rendering provider number	This is the performing provider's federal taxpayer's identification number as submitted on the claim.
2100	MIA	Inpatient adjudication information	This segment may be populated for inpatient claims.
2100	MOA	Outpatient adjudication information	This segment may be populated for outpatient claims.
2100	REF	Other claim related identification	This segment is populated if medical record number (MRN), adjustment ICN, or claim level prior authorization number is known.
2100	REF01	Reference identification qualifier	<p>This element is populated with any of the following:</p> <ul style="list-style-type: none"> <li>EA - Indicating that the next element is the medical record number (MRN). For professional claims that came in on the proprietary electronic format, EA indicates patient control number (PCN).</li> <li>G1 – Indicating that the next element is the prior authorization</li> </ul>

Loop	Element	Name	Instructions
			number. <ul style="list-style-type: none"> <li>F8 - Indicating that the next element is the adjustment ICN.</li> </ul>
2100	REF	Rendering provider identification	This segment is populated if a Medicaid identification number was submitted on the claim.
2100	REF01	Reference identification qualifier	This element is 1D, indicating that the next element is the performing provider's Medicaid identification number.
2100	AMT	Claim supplemental information	This segment is populated with the allowed amount or patient amount paid if known.
2100	AMT01	Amount qualifier code	This element is populated with any of the following: <ul style="list-style-type: none"> <li>AU – Indicating that the next element is the claim total allowed amount.</li> <li>F5 – Indicating that the next element is the patient amount paid.</li> </ul>
2110	SVC02	Line item charge amount	This is the billed amount from the claim unless the line has been split for processing. If the line has been split for processing, the dollars would be prorated across the split lines.
2110	REF	Service identification	This segment is populated if prior authorization number, provider control number/line item control number, or prescription number is known.
2110	REF01	Reference identification qualifier	This element is populated with any of the following: <ul style="list-style-type: none"> <li>G1 – Indicating that the next element is the prior authorization number.</li> <li>6R – Indicating that the next element either is the provider control number/line item control</li> </ul>



Loop	Element	Name	Instructions
			number submitted on the 837, or the Prescription number from an NCPDP claim.
2110	REF	Rendering provider information	This segment is populated if a provider's Medicaid identification number, or the federal taxpayer's identification number is known.
2110	REF01	Reference identification qualifier	<p>This element is populated with any of the following:</p> <ul style="list-style-type: none"> <li>• 1D – Indicating that the next element is the provider's Medicaid identification number.</li> <li>• TJ – Indicating that the next element is the federal taxpayer's identification number.</li> </ul>
2110	AMT	Service supplemental amount	This segment is populated if detail allowed amount is known.
2110	AMT01	Amount qualifier code	This element is populated with "B6."
None	PLB02	Fiscal period date	This date is December 31st of the current year.
None	SE02	Transaction set control number	This element contains a unique transaction set control number assigned by Wisconsin Medicaid. This value is the same value indicated in ST02.